

**DEPARTMENT OF WORKFORCE SERVICES (DWS)  
CHILD CARE APPROVAL**

**NEW PROVIDER ORIENTATION**



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## APPROVAL PROCESS

To become an approved DWS Child Care Provider:

1. You must complete and submit the Application for DWS Child Care Approval found on-line at [health.utah.gov/licensing](http://health.utah.gov/licensing).
2. You must have approved background screenings for all Covered Individuals in the home where care will be provided.
  - When care will be provided in **your home**, a Covered Individual is anyone 12-years-old and older who lives in your home.
  - When care will be provided in the **home of the child(ren) in care**, a Covered Individual is anyone 12-years-old and older who lives in the home where care will be provided, except the parents or guardians requesting DWS child care assistance and siblings less than 18-years-old.
  - You must submit Department of Workforce Services (DWS) Child Care Approval Initial Background Screening Authorization and Release Form for all Covered Individuals. These forms allow the Background Clearance Unit staff to check the criminal history of those individuals.
  - You must submit fingerprints and a \$34.75 fingerprint processing fee for all Covered Individuals 18-years-old and older who have not lived continuously in Utah for the past five years. The fingerprints are sent to the FBI who check for any out-of-state criminal history.
3. You must read the information in this New Provider Orientation packet and complete the test at the end. You must submit a copy of the completed test with your application and score at least 90%. You can re-take the test if you score less than 90%.
7. You will be contacted by a Child Care Licensing Specialist with the date and time of the on-site inspection of the home where child care will be provided. The Child Care Licensing Specialist will assess compliance with all regulations. You will be told of any noncompliance items and a date by which to have them in compliance. The Licensing Specialist will conduct a Follow-up Inspection after that date to ensure any noncompliance items are in compliance. You must be in compliance at this inspection.
  - You must complete a Red Cross, American Heart, or equivalent First Aid course. The Licensing Specialist will make sure you have a current certification.
  - You must complete a Red Cross, American Heart, or equivalent infant and child CPR course that included hands-on testing and submit a copy of your certification. The Licensing Specialist will make sure you have a current certification.



## INSPECTION PROCESS

The Licensing Specialist will assess compliance with regulations by looking at all areas of the home where child care will be provided, looking at the outdoor area of the home where care will be provided, and asking you questions about the regulations. You need to know all regulations. Before your inspection, it is helpful to go through the home and outdoor area and be sure there are no safety hazards accessible to children. You should also review the regulations so you will know the answers to the questions you will be asked.

The Licensing Specialist will assess **all** rooms/areas of the home where care is provided. This includes rooms/areas that will not be used for child care.

The Licensing Specialist will look for safety hazards in **accessible** rooms/areas.

A room/area is **accessible** when:

- it will ever be used by children in care; or
- it is not behind a locked door; or
- it is not behind a closed child safety gate.



The Licensing Specialist will also assess the outdoor area. This includes any garages, sheds, campers, and trailers in the outdoor area.

The Licensing Specialist will only look at what is **accessible** to children. Items are **accessible** to children when they are:

- on the floor; or
- on a shelf that is 36 inches or less from the floor; or
- in an unlocked cupboard or drawer that is 36 inches or less from the floor; or
- in a bathroom cupboard or on a bathroom shelf that is 36 inches or less from a surface on which a child could stand, such as a toilet, bathtub, or counter.

The Licensing Specialist will open and look in all accessible closets, cupboards, and drawers. The Licensing Specialist will not look in purses, backpacks, or diaper bags.

The Licensing Specialist will look in **inaccessible** rooms/areas of the home and garage to be sure there are no children in care or illegal items. A room/area is **inaccessible** if it is behind a closed child safety gate or behind a locked door. A locked door is one locked with:

- a key or combination lock; or
- a lock that doesn't have a key or combination but the lock is at least 60 inches high; or
- a child safety device on the doorknob.

Do not unlock doors or open child safety gates before your inspection. If you do, the Licensing Specialist will consider the room/area accessible. However, you must be able to unlock all doors during the inspection so the Licensing Specialist can check all rooms/areas for children and illegal items.

**NUMBER OF CHILDREN IN CARE  
FOR DWS APPROVED CHILD CARE PROVIDERS**

All children younger than 13-years-old, including the provider's children and any children related to the provider, who are in the home when care is provided are considered children in care.

Where will the care be provided:	Are all the children in care related to the provider?	Are all the children in care siblings?	Maximum Number of Children in Care	Type of Regulation
Provider's Home	yes	yes	no maximum number of siblings when there are no other children in care	DWS Child Care Approval only
	yes	no	no more than 8 children in care with no more than 2 younger than 2-years-old	DWS Child Care Approval only
	no	no	no more than 4 children in care not related to the provider	License /Certificate required when there are more than 4 children in care not related to the provider
			when there is a combination of children in care related to the provider and children in care not related to the provider: no more than 8 children in care with no more than 2 younger than 2-years-old and no more than 4 children in care not related to the provider	License/Certificate or DWS Child Care Approval
	no	yes	no more than 4 children in care not related to the provider	4 or fewer children in care not related to provider: License/Certificate or DWS Child Care Approval
				License/Certificate required when there are more than 4 children in care not related to provider
Child(ren)'s Home  (Provider can only care for children who live in the home)	yes	yes	no maximum number of siblings in care when there are no other children in care	DWS Child Care Approval only
	yes	no	no more than 8 children in care with no more than 2 younger than 2-years-old	DWS Child Care Approval only
	no	yes	no maximum number of siblings in care when there are no other children in care	DWS Child Care Approval only
	no	no	no more than 4 children in care not related to the provider	DWS Child Care Approval only

## PAYMENT INFORMATION

Eligibility for DWS payments is based on two things.

1. The parent/guardian of the child(ren) must qualify for child care assistance. This is determined by a DWS eligibility worker.
2. You must be an approved child care provider. This is determined by staff from the Child Care Licensing program.

Becoming an approved child care provider is not a guarantee of payment to you or the parent/guardian. The parent/guardian is responsible to pay you for your services and for any costs not authorized by DWS.

After child care payment is approved, a two-party check will be issued to you and the parent/guardian. You must follow the check cashing/redeeming requirements of your financial institution.

DWS is in the process of changing from two-party checks to electronic payments. When this happens you will need a checking or savings account because the money will be directly deposited into that account. This will be the only way to get paid. If you don't have a checking or savings account you will have to open one. The income you receive is taxable income. When you receive direct deposit payments you will also receive an annual 1099 form for tax purposes.

In the near future you will receive more details about this change and instructions to receive payments.



## REPORTABLE CHANGES

Within 10 calendar days of the change, you must notify the Department of Health, Utah Child Care Licensing staff when you change any of the following:

- your name
- your telephone number
- your child care schedule
- the number of children of DWS customers in care
- the DWS customer(s) whose child(ren) are in care

Within 10 working days of new Covered Individuals in the home where care is provided, you must report the new Covered Individuals by submitting an Department of Workforce Services (DWS) Child Care Approval Background Screening Authorization and Release for New Covered Individual Form when:

- someone 12 years-old or older moves into the home where care is provided
- someone 12-year-old or older stays for more than 2 weeks in the home where care is provided
- children who live in the home where care is provided turn 12-years-old

Your approval is not transferrable to another location. To be an approved DWS Child Care Provider in another location you must submit complete the process for a DWS FFN Child Care Approval for that location.

Your approval is not transferrable to another person. For another person to be an approved DWS Child Care Provider, he/she must complete the process for a DWS FFN Child Care Approval.

## THE AMERICANS WITH DISABILITIES (ADA) ACT



The ADA (Americans with Disabilities) Act does not allow owners of privately-run child care facilities to discriminate against persons with disabilities on the basis of the disability. That means they must allow children with disabilities an equal opportunity to participate in the child care facility's programs and services unless the children would pose a threat to the health or safety of others or if integrating the children would require a fundamental alteration of the program.

Children who pose a direct threat -- a substantial risk of serious harm to the health and safety of others -- do not have to be accepted for care. This determination cannot be based on generalizations or stereotypes about the effects of a particular disability; it must be based on an individualized assessment of the child.

Facility staff must make an individualized assessment about whether they can meet the particular needs of a child without fundamentally altering the facility's program. When making this assessment they must not react to unfounded preconceptions or stereotypes about what children with disabilities can or cannot do or how much assistance they may require.

Facility staff must make reasonable modifications to their policies and practices to integrate children with special needs. Some examples are allowing personal assistants for the children, allowing service animals, making exceptions to a no medication administration policy, and making exceptions to diapering policies. Children cannot be refused for care solely because they have HIV or AIDS, have developmental delays, have life-threatening allergies, have diabetes, or wear leg braces.

The child care facility's building, playground, and parking lot must be accessible to people with disabilities. Existing facilities must remove barriers when the removal is readily achievable. Newly constructed facilities must meet all ADA accessibility requirements.



## CHILDHOOD ILLNESSES



Below are some common childhood illnesses and communicable diseases, how to recognize them, and what to do when children in your care have them.



### Chicken Pox

This virus causes itchy blisters and fever. Use calamine lotion and oatmeal baths to help with the itching. Give a prescribed medication for the fever. The child should see a doctor if the fever lasts more than four days or if the blisters seem to be infected.

### Common Cold

There are more than 20 different viruses that cause sneezing, coughing, and runny noses. Give plenty of fluids, over-the-counter medicine, and let the child rest as much as possible.

### Conjunctivitis (Pink Eye)

Pink Eye can be bacterial or viral and cause the eye(s) to become red and itchy. Sometimes there is a thick, yellowish, discharge, tearing, and blurred vision. *Pink eye is highly contagious.* Give prescribed eye drops and wash hands thoroughly after administering the eye drops.

### Fifth Disease

This infection causes a mild rash or redness on the arms and legs and may cause fever or a cold right before the rash begins. Because it is a mild infection the child will usually recover on his/her own.

### Flu (Influenza)

This virus causes fever, body aches, stomach symptoms, and tiredness. Give plenty of fluids and allow the child to rest as much as possible.

### Hand, Foot, and Mouth Disease

This virus causes fever, sores in the mouth, and a rash of blisters on the palms of the hands and/or soles of the feet. Non-aspirin medication can be given for the fever and body aches. Children with Hand, Foot, and Mouth Disease should be kept away from others because contact with the blisters will spread the infection quickly.

### Head Lice

These tiny parasites attach to the scalp and hair shafts and cause itching. Eggs hatch within a week and mature within seven days. Over the counter and prescription treatments are available to kill and remove lice. You also must treat the house by vacuuming several times (seal and throw away the vacuum's contents) and washing all clothing and bedding in very hot water. Place stuffed animals and comforters in tightly sealed bags for a minimum of two weeks. Shampooing alone will not get rid of head lice.

**Hepatitis A**

This highly contagious virus causes a child to be tired, lose his/her appetite, have a fever, diarrhea, and nausea. This should be diagnosed by a doctor. There is no treatment except proper nutrition. There is a vaccine to prevent this virus.

**Measles**

This highly contagious virus can be as simple as a rash accompanied by a low fever but it can evolve into a high fever with a respiratory infection and become very serious quickly. Children should be taken to a doctor when it is suspected they have measles. Children with measles need to be kept away from anyone not immunized against measles. There is a vaccine to prevent measles.

**Meningitis**

This can be a bacterial or viral infection that affects the spinal cord and fluid surrounding the brain. Symptoms include high fever, stiff neck, and headache. Children with these symptoms need to be seen by a doctor.

**Mumps**

This virus causes fever, body aches, muscle aches, loss of appetite, and swelling of the salivary glands. Take the child to the doctor if mumps are suspected. There is a vaccine to prevent mumps.

**Pertussis (Whooping Cough)**

This highly contagious disease causes coughing attacks so severe they will induce vomiting. Take children who have been exposed to Pertussis to a doctor. Antibiotics can shorten the illness. There is a vaccine to prevent Pertussis.

**Ringworm**

This fungus causes a dry and scaly ring-shaped rash on the skin and/or scalp. Over-the-counter lotions and sprays are available to treat ringworm. Children should see a doctor if the rash lasts more than 2 weeks or if it becomes redder or swollen.

**Rotavirus**

This virus causes vomiting, severe diarrhea, and a fever and lasts a few days. A child with these symptoms should see a doctor. Give the child plenty of rest and fluids to avoid dehydration.

**Scabies**

These small parasites infest the skin, causing a pimple-like irritation and intense itching. Take the child to the doctor for special lotions. Wash (in very hot water) all bedding and clothing worn up to two days before the symptoms appeared.

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**References**

The Most Common Communicable Diseases Children May Acquire & How to Deal with Them by Linda M McCloud  
Children's Health - 9 Common Childhood Illnesses: Get the Facts

## CONTROLLING THE SPREAD OF DISEASES

Children get sick. You can't change that but there are ways you can control the spread of communicable diseases.

**Wash your hands. Wash your hands. Wash your hands.** Hand washing is the single most important way to control the spread of communicable diseases. Use soap, warm water and disposable paper towels. Wash your hands frequently and teach children to wash their hands, too. Hand washing reduces the number of microorganisms that can spread communicable diseases.

**Open the window to let the fresh air in.** Well-ventilated rooms help reduce the number of airborne germs inside. Airing out the rooms is important, even in the winter. When it's cold outside, we spend the majority of our time inside. Respiratory diseases are easily spread from coughs and sneezes. Opening the window at least once a day lets the germs out and fresh air in.

**Follow a good housekeeping schedule and sanitize in the proper way.** Make sure that the floors, walls and bathrooms are clean. Clean and sanitize toys at least weekly. Sanitize the food preparation surfaces, eating surfaces and diapering tables. The simplest way to sanitize a surface is to 1) Clean the surface with soap and thoroughly rinse with clean water. 2) Spray or wipe the surface with a solution of 1/2 tablespoon of liquid chlorine bleach in 1 gallon of water or 1/2 teaspoon of bleach in 1 quart of water. 3) Let the surface air dry for at least 2 minutes to give the sanitizer time to work. Be careful not to use this solution on surfaces that could be damaged, such as carpets. This preparation is inexpensive and kills bacteria, viruses, and most parasites. You can also use a commercial sanitizer but be sure to measure the amount of sanitizer according to the directions on the bottle to get the necessary concentration needed to sanitize.

**Require that children are up to date on immunizations.** Check immunization records. You must have parent/guardian statements of current immunizations for each child in care. Remember, "An ounce of prevention is worth a pound of cure."

**Do not share personal items among children and keep their belongings separate.** Do not allow children to share belongings such as hair brushes, food, clothing, hats, pacifiers or other items. Separate children's coats, hats, and bedding items.

**Separate children by using space wisely.** Maintain distances between sleeping areas, mats, cribs or cots.



Reduce the risk of food borne illnesses by doing the following:



**Wash your hands and kitchen surfaces often.** Wash your hands with warm water and soap for at least 20 seconds before and after handling food and after using the bathroom, changing diapers, and touching animals. Wash cutting boards, dishes, utensils, and counter tops with hot soapy water after preparing each food item and before you go on to the next food.

**Separate raw meats from other foods.** Separate raw meat, poultry, seafood, and eggs from other foods in your grocery cart, grocery bags, and in your refrigerator. Use one cutting board for fresh produce and a separate one for raw meat, poultry, and seafood. Never place cooked food on a plate that previously held raw meat, poultry, seafood, or eggs.

**Cook food to the right temperature.** Use a food thermometer to measure the internal temperature of cooked foods and cook food until it reaches a safe internal temperature. Safe internal temperatures are (all temperatures are degrees Fahrenheit) 160 for ground beef, pork, veal, lamb, turkey and chicken, 165 for fresh beef, pork, veal, and lamb, 160 for fresh ham, 145 for seafood, and 165 for leftovers and casseroles. Cook eggs until the yolks are white and firm. When cooking in a microwave, cover food, stir, and rotate for even cooking. Always allow standing time, which completes the cooking. Bring sauces, soups, and gravy to a boil when reheating.

**Refrigerate foods promptly.** Don't over-stuff your refrigerator because cold air must circulate to keep food safe. Keep a constant refrigerator temperature of 40 degrees or below. Refrigerate or freeze meat, poultry, eggs, seafood, and other perishables within 2 hours of cooking or purchasing. Refrigerate them within 1 hour if the air temperature is above 90 degrees Fahrenheit. Never thaw food at room temperature. Thaw food in the refrigerator, in cold water, or in a microwave.

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#### Reference

[health.utah.gov/epi/](http://health.utah.gov/epi/)

U.S. Food and Drug Administration - Protecting and Promoting Your Health

## DEVELOPMENTAL MILESTONES

Children should reach these milestones by the indicated ages. A delay in any of these areas could be a sign of a developmental problem. Talk to the parents if you see a child not meeting any of these milestones. The earlier a delay is recognized, the sooner the child can receive help to reach his or her full potential.

### Two Months

- smiles and shows pleasure interacting with others
- holds head steady
- grasps a rattle or tightly holds on to a finger
- lifts head, neck and upper chest on forearms and cranes necks like a turtle to see what is going on
- straightens legs when sitting on a lap and tries to stand with support



### Four Months

- holds head high and raises body on hands while lying on stomach
- keeps hands open while at rest
- plays with hands, bats at mobiles and reaches for rattles
- puts all objects directly into his or her mouth
- shows a clear preference for parents and other caregivers
- begins to learn cause and effect. - rattles make a noise when shaken



### Six Months

- begins to speak single (hard) consonants, like "dada"
- rolls over both ways (front to back and back to front)
- begins to look for a toy dropped out of sight
- has no head lag when pulled to a sitting position
- begins to "tripod" (sits with one hand on the ground for support)
- continues to grasp and mouth objects, but now can transfer small objects from one hand to another
- begins to rake at small objects but cannot yet pick them up
- shows displeasure with loss of a toy
- can recognize parents
- makes attempts to feed himself or herself
- smiles, laughs, squeals and begins to imitate sounds
- can bear weight on his or her legs when held in a standing position



### Nine Months

- learns to creep, crawl and otherwise get around the room responds to his or her own name
- understands a few words such as "no-no" and "bye-bye"
- says "dada" or "mama" but not specifically
- sits well independently
- bangs two toys together
- plays interactive games such as peek-a-boo and pat-a-cake
- uses fingers and thumb to poke, pry, probe and pick up smaller and smaller objects
- sleeps through the night except for an occasional night waking



### Twelve Months

- pulls to stand, crawls rapidly, sits self on floor, cruises on furniture, or walks alone with an unsteady gait
- plays social games such as pat-a-cake, peek-a-boo and so-big
- bangs two blocks together
- has a vocabulary of one to three words in addition to "mama" and "dada"
- drinks from a cup, not a bottle
- waves "bye-bye"
- feeds himself or herself with his or her fingers
- points with a finger and displays a precise pincher grasp when picking up small objects
- shows a definite understanding of a few simple words
- loves music, rhythms, and rhymes
- begins to cooperate in getting dressed by holding still



### Fifteen Months

- has a vocabulary of three to six words that can be understood
- correctly points to one or more body parts
- understands simple commands like "bring me the ball"
- has improved walking and begins to crawl up stairs
- recognizes himself or herself in a mirror
- indicates what he or she wants by pulling, pointing, grunting and other methods of communicating
- finds an object placed out of sight
- scribbles spontaneously





### **Eighteen Months**

- walks fast, walks up stairs with one hand held, kicks a ball
- has a vocabulary of 4 to 10 words and may combine two-word phrases
- follows simple directions
- shows affection by kissing
- feeds himself or herself, adequately drinks from a cup and uses a spoon
- imitates a crayon stroke on paper
- holds and "loves" a doll or stuffed animal
- will sit for a short time and look at pictures in a book and turns single pages in a book or magazine



### **Two Years**

- climbs up steps alone, one step at a time, while holding the stair rail or someone's hand
- jumps off the floor with both feet
- opens doors
- kicks a ball
- washes and dries hands
- climbs on furniture
- uses a spoon and cup well
- asks frequent questions such as "What is that?"
- enjoys imitating adult activities
- selects and uses a toy appropriately
- has a vocabulary of 50 or more words



### **Three Years**

- can name pictures in a book
- correctly names at least one color
- knows his or her own name, age, and sex
- begins to use pronouns
- is able to put on his or her own shirt, but needs help with shoes and buttons
- can jump in place and stand briefly on one foot
- understands such words as "cold," "tired," "hungry"
- comprehends the meaning of "on or under", and "bigger or smaller"



## Four Years

- speech is almost always understandable
- can count from 1 to 10
- can walk on tiptoes, climb a ladder and ride a tricycle
- knows his or her own name
- correctly uses the pronoun "I"
- recognizes gender differences and will correctly say "I am a girl" or "I am a boy"
- can dress and undress with supervision but still has trouble with laces and buttons
- holds and uses a pencil with good control - can copy a cross, circle and possibly a square
- can draw a person with a face, arms and legs
- engages in conversational "give-and-take"
- can sing a song
- talks about his or her day's activities and experiences
- can identify emotions such as sadness, anger, anxiety and fear
- enjoys the companionship of other children



## Five Years

- skips, can walk on tiptoes and jumps forward
- throws a ball overhand
- washes and dries hands and brushes teeth unassisted
- can cut and paste
- can name four or five colors
- can state his or her age
- uses six to eight word sentences
- can tell a simple story
- can dress and undress without supervision
- knows his or her own phone number, address and several nursery rhymes
- can copy a triangle from a picture
- draws a person with a head, body, arms and legs
- understands right and wrong, fair and unfair
- understands games that have rules
- engages in make-believe and dress-up play



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## Reference

CDC (Centers for Disease Control and Prevention) - Learn the Signs. Act Early.  
KidsGrowth.com - Growth Milestones



## EMERGENCY PREPAREDNESS

It's important to have a plan to ensure the safety of the children in your care in the event of an emergency. Include at least the following in your plan:



**What you will do if a child is seriously injured and needs medical treatment** - Call 911 and then the child's parents. Call your emergency provider to stay with the other children if you accompany the injured child to the hospital.

**What you will do if there is a fire** - Call 911 and go to your designated gathering place or re-location site. It's a good idea to have regular fire drills to practice evacuating the home.

**What you will do if there is an earthquake** - "Drop, Cover, and Hold On" and have the children "Drop, Cover, and Hold On" until the shaking stops. This means everyone makes themselves as small a target as possible and protects their heads, necks, and chests by taking cover under a sturdy desk or table near an interior wall and covering their heads with their hands and arms. It's a good idea to have regular earthquake drills and practice dropping, covering, and holding on.

**What you will do if there is a power failure** - Have flashlights with fresh batteries and know when you need to re-locate.

**What you will do if there is a water failure** - Have a supply of bottled water and know when you need to re-locate.

**Who will care for the children if you have to leave the home** - Have the name and phone number of emergency providers who will care for the children if you have to leave the home to accompany an injured child to the hospital or if you have to leave the home to search for a missing child. Post these names on the refrigerator or by the phone or program them into your phone.

**Where will you go if everyone has to leave the home** - Know where you will take the children if you have to leave the home. Be sure the parents know the re-location site. Have a plan for supervising the children on the way to the site and while at the site. Take contact information with you and let parents know where you are.

**What will you take with you if everyone has to leave the home** - Have an emergency bag. Keep a bag of emergency supplies close to the door. Have at least food, water, a first aid kit, and diapers (if you have diapered children in care) in the bag.



**What you will do for children with special needs** - If you care for children with special needs, include in your plan how you will address their needs in the event of an emergency.

In addition to having an emergency and disaster plan:

- Review your emergency and disaster plan at least once a year and make any necessary changes.
- Have a first aid kit and re-stock it as needed.
- Have current certification in First Aid and Infant and Child CPR.
- Post emergency phone numbers including 911 and Poison Control on the refrigerator or by the phone. You can also program them into your phone. Also post the address of the home on the refrigerator or by the phone. A lot of people forget their address when there is an emergency.

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#### References

Utah Child Care Licensing rules  
[shakeout.org](http://shakeout.org)

## FOOD INTOLERANCE & FOOD ALLERGIES

Communicate with the parents of children in your care and find out if the children have a food intolerance and/or any food allergies. You may want to keep a list of those foods so you don't include them in meals and snacks.

When children eat food they cannot tolerate or food to which they are allergic they may have nausea, stomach pain, diarrhea, and/or vomiting.

There are important differences between a food intolerance and a food allergy.

A food intolerance is when the food irritates the stomach and cannot be properly digested.

A food intolerance:

- usually comes on gradually
- may only happen when a lot of the food is eaten
- may only happen when the food is eaten often
- is not life-threatening

After eating a food he/she cannot tolerate the child may:

- get gas, cramps, or bloating
- have heartburn or a headache
- appear irritable or nervous

The most common type of food intolerance is a lactose intolerance. This happens when lactose, a sugar found in milk and other dairy products, cannot be digested. Another type of food intolerance is to food with sulfites or other food additives. Eating food with these ingredients may trigger asthma attacks in children who cannot tolerate them.

Avoid or cut back on the amount or times you serve children food they cannot tolerate.



A food allergy happens when the immune system mistakes something in the food as harmful and attacks it. It can affect the whole body, not just the stomach.

A food allergy usually:

- comes on suddenly
- can be triggered by a small amount of the food
- happens every time the food is eaten
- can be life-threatening

After eating a food to which a child is allergic the child may have:

- a rash, hives, or itchy skin
- shortness of breath
- chest pain, a sudden drop in blood pressure, trouble swallowing or breathing

When children have food allergies they are at risk for anaphylaxis, which is a life-threatening reaction to those foods. You should have an Epi-pen for children with food allergies.

Chest pain, a sudden drop in blood pressure and/or trouble swallowing or breathing is life-threatening. Call 911 immediately if a child exhibits any of these symptoms.

The most common foods to which children are allergic are peanuts, tree nuts (such walnuts, pecans, and almonds), fish, shellfish, milk, eggs, soy, and wheat.

Never serve children food to which they are allergic.



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Reference

Web MD - food allergy or intolerance

## MEDICATION STORAGE & ADMINISTRATION



If you choose to give medications to children in care, there are some precautions and guidelines to follow:

Label all over-the-counter and prescription medications with the child's name and keep them in the original or pharmacy container with the original label and child-safety caps.

Store all medications and vitamins out of children's reach. Medications should be in a dark, dry place. Above the kitchen sink or in the bathroom are not the best place to store medications.

Keep refrigerated medication in a waterproof container to avoid contamination between food and the medication.

Throw away medications that are no longer being used, have an expiration date that has passed, and/or do not have a label.

Before giving medication:

1. Wash and dry your hands.
2. Check prescription labels to be sure the medication is for the right child.
3. Check expiration dates to be sure the medication has not expired.
4. Read labels to see the proper dosage.

Administer the proper dosage of the medication.

Stay with the child until he/she is done taking the medication.

Let the parent know when you make any mistake when administering the medication, forget to give a dose of the medication, and/or the child has an adverse reaction to the medication.

Immediately notify emergency personnel when a child has a life-threatening adverse reaction to the medication.



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#### References

Utah Child Care Licensing rules  
Children's Hospital of the King's Daughter Health System



## NUTRITIONAL NEEDS OF CHILDREN

When preparing and serving food to the children in care, be sure you are providing adequate nutrition for the child's age and stage of development. Following are some guidelines:

**Birth to 4 months** - Feed them only breast milk or formula. Don't be afraid to care for infants who are breast-feeding. There are a great number of benefits to breast milk and you should support mothers who make this choice.

Breast milk gives infants a complete and optimal mix of nutrients in their diet. It has a varying composition which keeps pace with the growth and changing nutritional needs of infants. It also protects them against diarrhea, gastroenteritis and other stomach upsets. It reduces their risk of diabetes; protects them against ear infections and respiratory illnesses; reduces their risk of SIDS (Sudden Infant Death Syndrome); protects them against meningitis, childhood lymphoma, Chron's Disease and Ulcerative Enter colitis; and reduces incidences and severity of allergic diseases. Infants who are fed breast milk develop higher IQs, have better brain and nervous system development, and have a higher bone density than formula-fed babies.

Give breast milk on demand or 8 to 12 times a day. Give formula 6 to 8 times a day, starting with 2 to 5 ounces of formula per feeding. As infants get older they will eat more at each feeding and require less feedings.



**4 to 6 months of age** - Give them 28 to 45 ounces of formula or breast milk and start introducing solid foods.

Infants are ready to eat solid foods when their birth weight has doubled, they have good control of their heads and necks, they can sit up with some support, they show fullness by turning their heads away or by not opening their mouths, and they show an interest in food when others are eating.

Start with iron-fortified rice cereal mixed to a thin consistency with breast milk or formula. Give the rice cereal 2 times a day in servings of 1 or 2 tablespoons. Gradually increase the amount to 3 or 4 tablespoons. Do not give cereal in a bottle unless instructed by a doctor or dietician.

After they are eating rice cereal routinely, give them other iron-fortified cereals. Introduce no more than one new cereal a week so you can watch for any intolerance or allergic reactions.

**6 to 8 months** - Give them breast milk or formula 3 to 5 times a day, decreasing this number as solid foods become their primary source of nutrition.



Start offering 2 to 3 tablespoons of strained fruits and vegetables 4 times a day. Offer them one at a time with a 2 to 3 day wait between offerings to watch for any intolerance or allergic reactions. Start with plain vegetables such as green peas, potatoes, carrots, sweet potatoes, squash, beans, beets and plain fruits such as bananas, applesauce, apricots, pears, peaches, and melon. Some dieticians recommend starting with vegetables because a fruit's sweetness may make less sweet foods, such as vegetables, less appealing.

You can also give them small amounts of finger foods. Do not give them apple slices or chunks, grapes, hot dogs, sausages, peanut butter, popcorn, nuts, seeds, hard candies, or hard chunks of uncooked vegetables because they may choke on them.

**8 to 12 months** - Give them breast milk or formula 3 to 4 times a day and continue giving them strained fruits and vegetables. Start introducing strained or finely chopped meats.

**1 year old** - You should not be feeding them bottles with breast milk or formula. If you are giving them bottles, they should only have water in them. Replace breast milk or formula with whole milk in a cup or sippy cup. Feed them meats, fruits and vegetables, breads and grains, and dairy products. Be sure they have variety of food to ensure they get enough vitamins and minerals.

**2 to 6 years old** - Feed them three meals and two snacks a day. Be sure to include at least 6 servings of breads and grains, 3 servings of vegetables, 2 servings of fruit, 2 servings of milk products, and 2 servings of meat. At 2 or 3 years of age you can replace whole milk with 2%, low fat, or skim milk.

Be sure to give them a variety of foods with plenty of grain products, vegetables, and fruits. Choose foods that are low in fat, saturated fat, and cholesterol, have moderate amounts of sugars and salt, and have enough calcium and iron.





Remember - a healthy diet alone is not enough. It's important children get enough physical activity. Children should engage in at least 60 minutes of physical activity on most days of the week.



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#### References

The New York Times  
[keepkidshealthy.com](http://keepkidshealthy.com)

## POISON PREVENTION

Across the United States over 300 children a day are taken to emergency rooms after taking, touching, or being exposed to a poisonous material and an average of two of those children die.

It's not just containers with clear warning labels that are dangerous. Everyday items, such as household cleaners and medicines, can be poisonous to children and need to be inaccessible to the children in your care. Following are things to remember:

When possible, buy products with child-resistant caps and tightly close the caps after each use. This type of cap is more difficult, but not impossible, for a child to open.

Keep products in their original containers so there can be no mistaking their contents.

Read product labels to see what is poisonous to children.



Keep potential poisons out of sight in cabinets with child-proof locks. Don't store potential poisons in the same place you store food.

Don't leave household products out after you use them. Return them to the cabinet with the child-proof lock as soon as you are done with them. If you have to answer the door or the phone, close the container and put it back in the cabinet before you answer the door or the phone or take the container (or the children) with you to answer the door or phone.

Use household products according to the directions on the label. Never mix household products together. For example, mixing bleach and ammonia can result in toxic gases.

Check purses, backpacks, and diaper bags for potential poisons and store them out of reach of children.

Keep medications, including vitamins and herbal supplements in cabinets with child-proof locks so they are out of reach and out of sight of children. Even if you have to give another dose of the medicine in a few hours, don't leave it on the counter between doses.

Old medications often stop working but can still poison children. Look at the expiration date and throw out any medication that is too old to work.



Keep plants out of reach of children. Learn which indoor and outdoor plants are poisonous and remove them or make them inaccessible to children.

Have your heating system checked and serviced every year to help prevent carbon monoxide poisoning. Install a carbon monoxide alarm on every level of your home, especially near areas where children sleep. Keep the alarms at least 15 feet away from fuel-burning appliances.

Program the toll-free number for the Poison Control Center (**800-222-1222**) into your home and cell phone and post it near your phone or on your refrigerator. Call this number when you suspect a child has been poisoned. Do not try to make the child vomit unless directed to do so by a professional.



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#### References

Centers for Disease Control & Prevention  
Utah Safety Council  
National Capital Poison Center  
Safe Kids Worldwide

## PREVENTING SHAKEN BABY SYNDROME

You know babies cry. That's no surprise. What you may not know is how that crying may make you feel. When babies cry for a long time you may feel angry, frustrated, and overwhelmed. There are ways to cope with crying babies to minimize those feelings.

Crying is one of the ways babies communicate. They may be hungry, thirsty, tired, uncomfortable, sick, scared, or lonely. They may be teething, have gas, or need their diapers changed.



It's normal for babies to cry. It's even normal for babies to cry up to several hours a day. Sometimes feeding the baby, burping the baby, or changing the baby's diaper makes the crying stop. Other times nothing you do makes the crying stop and it seems to go on forever.

It's important to have a plan to deal with a baby's crying. This will stop your emotions from getting out of control and possibly hurting a baby. When you can't get a baby to stop crying:

1. Check the baby's physical needs. Is the baby hungry? Is the baby thirsty? Does the baby need to be burped? Is the baby too hot or too cold? Does the baby have a wet or dirty diaper? If any of these are the case, remedy the situation.
2. Check the baby for signs of illness or fever. If you think the baby may be sick, seek medical attention.
3. If the baby's physical needs are met and the baby doesn't appear to be sick, try any or all of the following calming techniques:
  - Swaddle the baby.
  - Use "white noise" or rhythmic sounds like a vacuum cleaner or a washing machine.
  - Offer the baby a pacifier.
  - Sing or talk to the baby.
  - Gently swing or rock the baby.
  - Put the baby in a car seat and take him/her for a ride in the car.
  - Take the baby for a walk in a stroller.
  - Hold the baby close and breathe calmly and slowly.
4. If the baby is still crying, try one or all of the following coping techniques:
  - Call a doctor for support or medical advice.
  - Call a friend or relative for support.
  - Have someone come over and give you a break.
  - Put the baby in a safe place like a crib then close the door and check back when you are calm.

Remember it's OK to leave the baby in a safe place and take time to calm down. Leave the room. Shut the door. Take a few deep breaths. Then try the calming and coping techniques again.

Your plan can help prevent Shaken Baby Syndrome, which is a form of abusive head trauma and inflicted traumatic brain injury. It is a preventable and severe form of physical child abuse.

Shaken Baby Syndrome occurs when a baby is violently shaken. This most often happens when the person caring for the baby becomes frustrated or angry when the baby won't stop crying.

Babies' neck muscles aren't strong and don't provide much support for their large heads. When someone forcefully shakes a baby, the baby's brain repeatedly strikes the inside of the skull and injures the brain.

Nearly all victims of Shaken Baby Syndrome suffer serious health consequences including severe brain damage, blindness, hearing loss, learning problems, seizure disorders, cerebral palsy and paralysis. At least one of every four babies who are violently shaken die from Shaken Baby Syndrome.

This knowledge will help keep babies in your care safe and healthy. Sharing this knowledge may help keep other babies safe and healthy.



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#### References

CalmACryingBaby.org  
Centers for Disease Control and Prevention

## RECOGNIZING & REPORTING SUSPECTED CHILD ABUSE AND NEGLECT

As a child care provider you are required to report any suspected child abuse and neglect. The Utah Child Abuse Reporting law requires:

- any person who has reason to believe a child has been subjected to abuse or neglect to immediately notify the nearest Utah Division of Child and Family Services or law enforcement agency.
- any person who observes a child being subjected to conditions that would result in abuse or neglect to immediately notify the nearest Utah Division of Child and Family Services or law enforcement agency.

Failure to obey the Utah Child Abuse Reporting Law constitutes a class B misdemeanor and is punishable by up to six months in jail and/or a \$1,000 fine. (*Utah Code Ann. 62A-4a-411*)

All reports remain confidential and when you make a report in good faith you are immune from any liability.

If a child talks about being abused, take him/her seriously and report the possible abuse.

If you see any of the following indicators, report the possible abuse or neglect.



Physical indicators of physical abuse include unexplained bruises, unexplained burns, confinement, and unexplained welts. Behavioral indicators of physical abuse include children being easily frightened, wary of physical contact, afraid to go home, and destructive to others or themselves.

Physical indicators of sexual abuse include bed-wetting, soiling, and chronic constipation. Behavioral indicators of sexual abuse include withdrawal or depression, passive behavior, aggressive behavior, poor self-esteem, lack of eye contact with adults; and knowledge of sexual acts beyond their years.

Physical indicators of emotional abuse include physical delays, ulcers, developmental lags, and habit disorders. Behavioral indicators of emotional abuse include poor self-esteem, difficulty expressing feelings; and problems with relationships.

Physical indicators of neglect include abandonment, starvation, lack of supervision, lack of medical care, frequent absenteeism or tardiness, and poor hygiene. Behavioral indicators of neglect include stealing, begging, being self-destructive, and a failure to thrive.

The best way to stop abuse and neglect is to report it. Stay alert to the early signs and symptoms and take the first step to help the children and their families.

To make a report you don't need proof, you only need a reason to believe abuse or neglect has occurred or is occurring.

Utah has a statewide, 24-hour child abuse hot-line number for the Division of Child Protective Services. It is 1-855-323-3237.



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#### References

Prevent Child Abuse Utah - Reporting Child Abuse: A Guide for Utah Day-Car Providers



## **SAFE SLEEP PRACTICES**

### **REDUCING THE RISK OF SIDS (Sudden Infant Death Syndrome)**



Safe sleep practices include:

Always have infants sleep in equipment designed for sleep, such as cribs, bassinets, porta-cribs, or playpens unless you have written instructions from the parent to have the infant sleep in other equipment.

Never place infants to sleep on adult beds, chairs, sofas, waterbeds, pillows, or cushions.

Be sure the infant sleep equipment is in an area that is always smoke free.

Always place infants on their backs for sleeping.

Don't have toys, pillows, stuffed animals, bumper pads, or wedges in the crib or bassinet. Infants may have a hard time breathing if these items are too close to their faces.

Dress infants in sleep clothing, such as sleepers and sleep sacks, instead of covering them with blankets.

Avoid letting infants get too hot when they are sleeping. Infants are too hot when you see them sweating or have damp hair, flushed cheeks, heat rash, or rapid breathing.

Supervise sleeping infants by having them sleep in a location where you can see and hear them, by doing an in-person observation at least once every 15 minutes, or by using an infant sleep monitor that detects and sounds an alarm when an infant stops breathing.



Using safe sleep practices will reduce the risk of SIDS (Sudden Infant Death Syndrome).

SIDS is the leading cause of death for infants between 1 month and 12 months of age.

SIDS is most common among infants between 1 and 4 months of age.

SIDS is not caused by immunizations or vomiting or choking.

Many SIDS deaths occur when infants who are used to sleeping on their backs at home are placed to sleep on their tummies by another caregiver. This is called “unaccustomed tummy sleeping”. Infants who are used to sleeping on their backs and are placed to sleep on their tummies are 18 times more likely to die from SIDS.



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#### Reference

American Academy of Pediatrics

## TRANSPORTATION & CHILD SAFETY

If you choose to transport children, do the following to keep the children safe.

Be sure you:



- have a current valid Utah driver's license for the type of vehicle being driven
- wear your seat belt
- keep the vehicle locked during transport
- never leave the children alone in the vehicle
- never leave the keys in the ignition when you are not in the driver's seat
- have emergency contact information for the children

Be sure the children:

- wear an appropriate individual safety restraint
- remain seated while the vehicle is in motion
- leave the vehicle from the curb side of the street



Be sure the vehicle:

- is enclosed
- has individual, size-appropriate safety restraints that are properly installed and in working order
- is in safe condition and has a current registration and safety inspection
- is clean
- can maintain temperatures between 60-90 degrees Fahrenheit when in use
- has a first aid kit



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#### References

Utah Child Care Licensing Rules  
Daycare.com